

INS. CASE OWNER:

CC 3 / QBE 190 11307, Kga3

LKK:

IDAC:

Surveyor:

Awk

DOI:

ASSIGNMENT

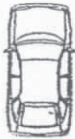
25/6/19

Date / Time:

25/6/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : YK 8280B

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :SS

D.O.A : 25/6/2019

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

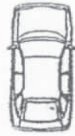
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SHA 8012 C



INSRS:

WSP:

Tel :

Liability :

RMKS:

One 10yong.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SHA 8012 C - 04/11/2019 10:30 / Kga3 ; 00A: 8/6/2019	Non-Reporting ltr (1st):	
YK8280B, *	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
		Others: <input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: S\$	(days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time:	Confirm with	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability: %	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost: S\$		
Loss of Rental (LOR): S\$	(days)	
Loss of Use (LOU): S\$	(\$ x days)	
Loss of Income (LOI): S\$	(\$ x days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$		
Medical: S\$		1) Claim status: Normal/Reject/Private Settle
Disbursement: S\$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost S\$		3) Survey fee:
Total: S\$	Global Sum S\$:	
FINAL PAYMENT Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$	Name 1:	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305306249

CUSTOMER

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

(R)
(P)

COUNT CARD NO.

REGN NO.:

SHC8012C

MILEAGE

MAKE :

MERCEDES BENZ

FUEL

E.....1/2.....F

MODEL

E220CDI (E6)

DATE/TIME IN

25.06.2019 13:05

YR OF MANU.

13.05.2015

TARGET DATE

CHASSIS CODE

WDD2120012B172621

COMPLETION DATE/TIME:

JOB DESCRIPTION

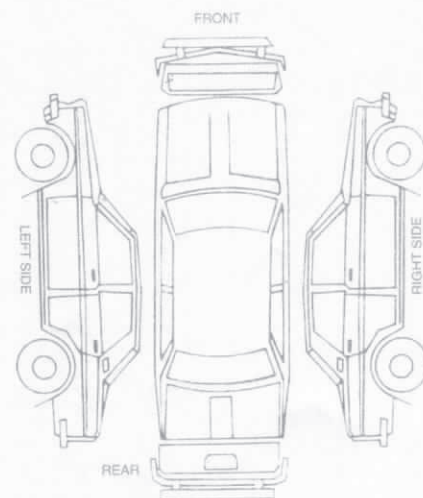
Accident Date: 25.06.2019

NATURE: 3P 25.06.19

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

e:

fo.:

le No.:

SHC8012C

CHIANG

Exit Pass

Vehicle No.:

SHC8012C

e of Service Advisor

Signature/Date

Name of Service Advisor

Date

e returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8012C

DATE 25/6/2019 15:07

MAKE :

MODEL : MERCEDES BENZ

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper			\$ 1,510.00	
	Rear Bumper Reinforcement ?			\$ 1,150.00	
	Rear Bumper Bracket Lower (LH/RH) ?		\$ 135.00	\$ 270.00	
	Rear Bumper Bracket Top (LH/RH) ?		\$ 125.00	\$ 250.00	
	Rear Bumper Retainer Mounting (LH/RH) ?		\$ 115.00	\$ 230.00	
	SUB TOTAL			\$ 3,410.00	
	LESS 20% 256			\$ 682.00	
	DISCOUNTED TOTAL			\$ 2,728.00	
	Rear Bumper Sensor			\$ 388.00	Nett
	Rear Bumper Rubber Mat			\$ 50.00	Nett
				\$ 438.00	
	Labour Charge				
	Panel Beating			\$ 400.00	200
	Spray Painting Charge			\$ 300.00	200
	Wiring Charge			\$ 50.00	x
	Remove/Refix Reverse Sensor			\$ 120.00	3
	TOTAL LABOUR			\$ 870.00	
	ESTIMATE TOTAL			\$ 4,036.00	
<p><i>Kaharully</i></p> <p><i>25/6/19 1525h</i></p> <p><i>267,</i></p> <p><i>45</i></p> <p><i>After Repair</i></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • To resurvey before/after spray painting • To display damaged part(s) during resurvey • Parts prices are subject to confirmation • Third party survey is on a "Without Prejudice" basis • No illegal modification(s) is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer</p> <p>Signature: _____</p> <p>Date: _____</p> </div>					
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.					

Our Job Ref No : 305306249
Date : 25/06/19

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHC8012C

Fax :

25/06/2019

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

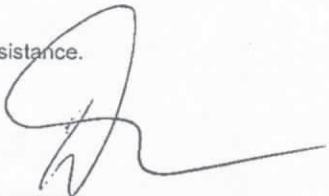
1. The repair job shall bill to: QBE YK8280B
2. The finalized amount shall be:
- (a) Spare Parts after List discount _____
- (b) Labour Charges _____
- Total for Part-By-Part Repair Cost _____
- (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost \$1,600.00


3. Estimated normal period for repairs: 2 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and
finalized amount

Signature : 
Name : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : Kahr
Date : 27/6/19

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks: